

LOG NO.

PERMIT NO.

SIC

# INDUSTRIAL WASTEWATER DISCHARGE PERMIT SURVEY/APPLICATION

**Use this form for projects requiring a Building Permit.**

**Please submit to:**

CITY AND COUNTY OF HONOLULU  
DEPARTMENT OF PLANNING & PERMITTING  
SITE DEVELOPMENT DIVISION  
WASTEWATER BRANCH, 1ST FLOOR  
650 SOUTH KING STREET, HONOLULU, HAWAII 96813

Be advised that Section 14-5.1, Paragraph (a) of the Revised Ordinances of Honolulu, as amended, states "No person shall discharge or cause to be discharged any industrial wastewater into the public sewers or into any private sewer which discharges to the public sewers, without first applying for and obtaining an industrial wastewater discharge permit." Please answer all questions. Indicate "NA" if the question does not apply to your business. If you have any questions please call: (808) 692-5593 or (808) 692-5137.

## PART I - ORGANIZATION

### 1. Business/Project Information:

Parent Company Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Street Address (address of discharge to sewers) \_\_\_\_\_

Unit # \_\_\_\_\_

City: \_\_\_\_\_ Hawaii, Zip: \_\_\_\_\_

Tax Map Key: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Project Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_

### 3. Permit Mailing Address:

Attention: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_ Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 5. Vehicle Washing:

a. Do you wash vehicles on site? Yes \_\_\_\_ No \_\_\_\_

b. If yes, how many vehicles per week? \_\_\_\_\_

c. If yes, where is the wash water discharged?

Storm Drain \_\_\_\_ Sanitary Sewer \_\_\_\_ Other \_\_\_\_

d. If your answer to Question C is "Other" describe where the wash water is discharged: \_\_\_\_\_

e. If your answer to Question C is "Sanitary Sewer" can rain water enter the drain? Yes \_\_\_\_ No \_\_\_\_

f. If your answer to Question E "Yes" do you have a two-way valve? (e.g. wash water discharged to sewer, rainwater to storm drain) Yes \_\_\_\_ No \_\_\_\_

### 2. Permittee Information:

(Permittee is the party or individual responsible for compliance with this permit for the duration of the permit. This could be the property owner, property manager, lessee, the business – same as Question #1, etc.)

Business/Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_

Address: \_\_\_\_\_

### 4. Business/Description:

(Describe the business operation for Question #1.

Examples: drug store with photo processing, restaurant, food court within a shopping center, auto repair shop, fish market, grocery store, doctor's office with x-ray, wholesale or retail bakery, office building with dental offices and a deli, etc) \_\_\_\_\_

a. Business Hours: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

b. Open how many days per week? \_\_\_\_\_

c. If this project involves a multi-tenant facility (such as a food court, shopping center, office building, etc.) please attach information on your tenants' names, description of business activity and specific locations (such as unit #, stall #, room #, suite #, etc.) \_\_\_\_\_

d. Name of business previously at this location: \_\_\_\_\_

### FOR BUSINESSES WITH FOOD PREPARATION

e. Is this business located in a food court (common area seating shared by multiple vendors)? Yes \_\_\_\_ No \_\_\_\_

f. Estimated number of meals served daily \_\_\_\_\_

g. How many pots/pans washed daily? \_\_\_\_\_

## PART II - WATER USAGE/DISCHARGE

### 1. Check (a) or (b) to indicate the range (rough estimate) of your water usage:

(a) 0 to 25,000 gallons per day. \_\_\_\_\_ (b) Over 25,000 gallons per day. \_\_\_\_\_

### 2. What is the Nature of the Industrial Wastewater Discharge. (e.g., washing pots and pans, dishwashing, equipment washing, vehicle washing, product manufacturing, photo development, chemical discharge, etc.) \_\_\_\_\_

(Continued on Reverse Side)

## PART III - PRETREATMENT DEVICES

1. **Do You Have One or More of the Following?** (Please answer all questions) Yes                      No
- a. Do you have floor drains in your facility located in your production/maintenance/work area? \_\_\_\_\_ \_\_\_\_\_
- b. Oil Interceptor(s). (Auto repair, vehicle washes, automotive classes)..... \_\_\_\_\_ \_\_\_\_\_
- c. Neutralization System(s). (Laboratory, schools, x-ray/photo processing, printers, etc.)..... \_\_\_\_\_ \_\_\_\_\_
- d. Silver Recovery Unit(s). (X-ray/photo processing, printers, etc.)..... \_\_\_\_\_ \_\_\_\_\_
- e. Solids Interceptor(s). (Hospitals, dentists, restaurants, arts/craft shops, jewelers, etc.)..... \_\_\_\_\_ \_\_\_\_\_
- f. Lint Trap(s). (Laundromats, commercial laundries, hotel laundries, etc.) ..... \_\_\_\_\_ \_\_\_\_\_
- g. Water Recycling System(s). (Trucking companies, rental car co., auto/truck washes, etc.)..... \_\_\_\_\_ \_\_\_\_\_
- h. Cooling Tower/Boiler(s). (Hotels, office buildings, malls, hospitals, commercial laundries, etc.) \_\_\_\_\_ \_\_\_\_\_
- i. Grease Interceptor(s). (Restaurants/bars, caterers, commercial kitchens, schools, hospitals etc.) \_\_\_\_\_ \_\_\_\_\_

	<u>Location</u> (kitchen, outside, parking lot, etc)	<u>Length</u>	<u>Inside Dimensions (in inches)</u>		<u>Liquid Operating Capacity</u>
			<u>Width</u>	<u>Height (to water line)</u>	
1.	_____	_____	_____	_____	_____ Gallons
2.	_____	_____	_____	_____	_____ Gallons

j. **HOW MANY** (fill in a number) of the following equipment do you have in the food preparation, cooking, and cleanup area? Put zero if none.

Wok Stove \_\_\_\_\_ Food Grinder/Garbage Disposal \_\_\_\_\_ Dishwasher \_\_\_\_\_ Deep Fryer \_\_\_\_\_ Grill/Griddle \_\_\_\_\_

Broiler \_\_\_\_\_ Oven \_\_\_\_\_ Other cooking equipment (please list) \_\_\_\_\_

*For projects requiring a grease interceptor (GI), a plumbing plan & isometric plan (preferably 11" x 17") of the food preparation, cooking, and clean-up areas, illustrating the connection of all fixtures with the potential to discharge fats, oils or grease (FOG) along with the grease interceptor sizing calculations must be attached with this application prior to processing. Please refer to the current City and County of Honolulu Rules and Regulations (All drain lines should be clearly marked or highlighted). Incomplete application packets will delay processing.*

*To ensure that the grease interceptor is accessible, please provide the following wording on the plumbing plans: "The grease interceptor shall be installed such that it is easily accessible for inspection, cleaning and the removal of F.O.G. and solid material per the current City and County of Honolulu Rules and Regulations."*

2. **Hauled Industrial Waste.** This section pertains to those liquid waste that are 100% collected and NOT DISPOSED OF DOWN ANY DRAINS. Do not include hauled waste associated with maintaining or servicing of any pretreatment devices (e.g. Grease Interceptors, Oil Interceptors, Neutralization Tanks, Silver Recovery Unit, etc.)

Please indicate the type, amount in gallons, and frequency. (e.g. daily, weekly, monthly, quarterly, yearly) wastes are collected.

	Amount	Frequency
a. Used automotive/marine products (used motor oil, anti-freeze, battery acid).....	_____	_____
b. Solution from x-ray, photo processing, photo copying or printing equipment _____	_____	_____
c. Cesspool or septic tank.....	_____	_____
d. Bulk used cooking oil (i.e. deep fryer, wok).....	_____	_____
e. Other waste such as anything hazardous (lab chemicals, perchlorethylene) _____	_____	_____

Please describe: \_\_\_\_\_

If necessary, please provide any additional information to process this application on a separate sheet of paper.

### CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

\_\_\_\_\_  
Permittee's (Original) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Permittee's Name

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_  
Phone Number